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Name\_

## PUPIL IMMUNIZATION RECORD

Signature of parent/guardian or physician/public clinic

Signature of parent/guardian or physician/public clinic

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K +  $7^{\circ}$ ), varicella (K +  $7^{\circ}$ ), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

Birthdate \_\_

Minnesota Statutes Section 121A.15 r against certain diseases, allowing for c school with information required by the of Health and the local community hea Enter the MONTH, DAY, and YEAR for	ertain specif law and will alth board.	ied exception be available	ns. This form for review by	is designed the Minnesot	to provide the a Department	Egal Exemptions to Minnesota School Immunization Law     Students 7 years of age or older do not need pertussis vaccine.     Students 18 years of age or older do not need polio vaccine.     Medical exemption: No student is required to receive an immunization if they have a medical contraindication or laboratory evidence of immunity. To receive a medical exemption, a physician must sign the following statement:					
Type of Vaccine		2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	I hereby certify that immunization is contraindicated for medical reasons or that laboratory confirmation of adequate immunity exists for the following immunizations					
Diphtheria, Tetanus, and Pertussis (DTaP, DTP)											
Diphtheria and Tetanus (DT) - pediatric formulation (<7 yrs)						Signature of physician Date					
Tetanus and Diphtheria (Td) – adult formulation (7 yrs)						<ul> <li>Conscientious exemption: No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:</li> </ul>					
Polio (IPV, OPV)					No. of London						
Measles, Mumps, and Rubella (MMR) (minimum age: 12 mos)						I hereby certify by notarization that immunization for my child is contrary to my conscientious held beliefs. Indicate vaccine(s):					
Hepatitis B (hep B) *											
Varicella (chickenpox)**				BANE	STOP IN						
Pneumococcal conjugate (PCV)***						Signature of parent or legal guardian Date					
Haemophilus influenzae type b (Hib)***						Subscribed and sworn to before me this day of 20					
<ul> <li>Hepatitis B is required for kinder</li> <li>Varicella vaccine will be required</li> <li>PCV and Hib vaccines are recom</li> <li>Note for school personnel: Be sure to after the parent/guardian submits it. A each applicable space.</li> <li>Indicate immunization status and stollowing:</li> </ul>	starting fall inmended onlinitial and da linitial and da liso, record d	2004. y for children ate any new i combination	information th vaccines (e.g	at you add to ., DTaP+Hib	Hib+HBV) in	Signature of notary  Special Exceptions for DTP, Td, Polio, and Hep B  • Children less than 7 years of age: The 5 <sup>th</sup> dose of DTaP/DTP/DT (similarly, the 4 <sup>th</sup> dose of polio vaccine) is not necessary if the 4 <sup>th</sup> DTaP/DTP/DT (3 <sup>rd</sup> dose of polio) was administered after the 4 <sup>th</sup> birthday.					
Tollowing.						Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td and 3 doses of political contents.					

Student Number

 Students 11-15 years of age: A 3<sup>rd</sup> dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.

FOR SCHOOL USE ONLY
( ) Complete; booster required in \_

( ) In process; 8 mos. expires \_\_ ( ) Medical exemption for \_\_\_\_

( ) Conscientious objection for